



# **UPHOLD QUARTERLY REPORT APRIL TO JUNE 2004**

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SUPPORT FROM THE GOVERNMENT OF UGANDA**



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## INTRODUCTION

This report represents a summary of the key achievements of the Uganda Program for Human and Holistic Development (UPHOLD) for the period April to June 2004, inclusive.

Last quarter saw intensive efforts to move grant proposals forward through the review process to the award stage. This quarter has been one of implementation with activities in all 20 UPHOLD districts, in the areas of Education, HIV/AIDS, Nutrition and Growth Promotion, Reproductive Health, Child and Adolescent Health and Communicable Diseases.

These activities have been in partnership with the Ministry of Health, Ministry of Education and Sports, Ministry of Local Government and Ministry of Gender, Labour and Social Development.

This report is divided into seven sections. The first section deals with the grant highlights, sections 2, 3 and 4 describe the progress made in the results areas, and section 5 provides an update on the status of work related to monitoring and evaluation. Section 6 discusses the constraints and challenges ahead, and finally section 7 contains appendices, providing additional materials related to this quarter's progress report.

## SECTION 1: GRANT ACTIVITIES

### Grant Highlights

- **Formulated a Request for Applications (RFA) document and process for Civil Society Organization (CSO) grants in 20 districts**
- **Effective dissemination of information about the RFA**
- **Completion dates for Local Government Grants extended**

This quarter, nearly one year after UPHOLD had been assigned by the Government of Uganda (GOU) 20 districts, all districts had received funding through the UPHOLD grants mechanism. Ten more grants were funded: 5 local government, 4 CSO, and 1 NGO. The total of these new obligations is \$402,495 (720,490,000 Ugx). Thus, the cumulative total of grants so far allocated is \$3,463,149 (4,797,584,914Ugx) *Figure 1* shows that as at the end of the quarter 57% of the grants total award value were given to local government, 28% to NGOs, 13% to FBOs and 2% to CBOs. In total UPHOLD has considered 36 grants as of June 30, 2004. Of these, 32 have been approved and 4 are under review (*see Figure 2 and Appendix B*). UPHOLD expects to have all of these outstanding grants finalized during the next quarter.

### RFA process

This quarter, UPHOLD concentrated on formulating a Request for Applications (RFA) process for CSO grants in 20 districts. In three months this process moved from a concept to an actual document that UPHOLD shared with stakeholders, including USAID and GoU. Plans are underway to release the RFA to the public by the end of July. AIM played an advisory role throughout the process of the RFA design and development. The RFA and draft application received feedback from many different stakeholders including MOH, MOES, Ministry of Local Government and Ministry of

Gender, Labour and Social Development, Regional Directors, CSO representatives and USAID.

### RFA Dissemination

In an effort to balance efficiency and speed with transparency UPHOLD chose to experiment with radio as the medium of dissemination of the RFA, broadcast in English and local languages. The first target of the radio program will be to share information about the RFA and application to prospective NGOs, CSOs and for-profit organizations. The secondary target is for the beneficiaries of UPHOLD to learn about the upcoming grants and be aware of how they can be affected by these potential grantees. A competitive process will be used to select an organization to oversee the radio dissemination in July. With active district involvement, the RFA process will build district capacity on grants.

### Local Government Grants

No-cost extensions were granted to all 20 Districts, from June 30<sup>th</sup> to October 31<sup>st</sup>, to ensure the satisfactory completion of the outstanding activities.

All 20 districts have been advised of a 100 million shilling ceiling for 2004/5. Availability of funds remains contingent on satisfactory accountability for past allocations and well thought-out plans for 2004/5.

UPHOLD Regional Teams and Technical Specialists have been available to provide technical guidance to district areas. Next quarter UPHOLD expects to receive the final drafts from all 20 districts for funding.

Figure 1: Number of Grants Approved by Type as of June 30, 2004

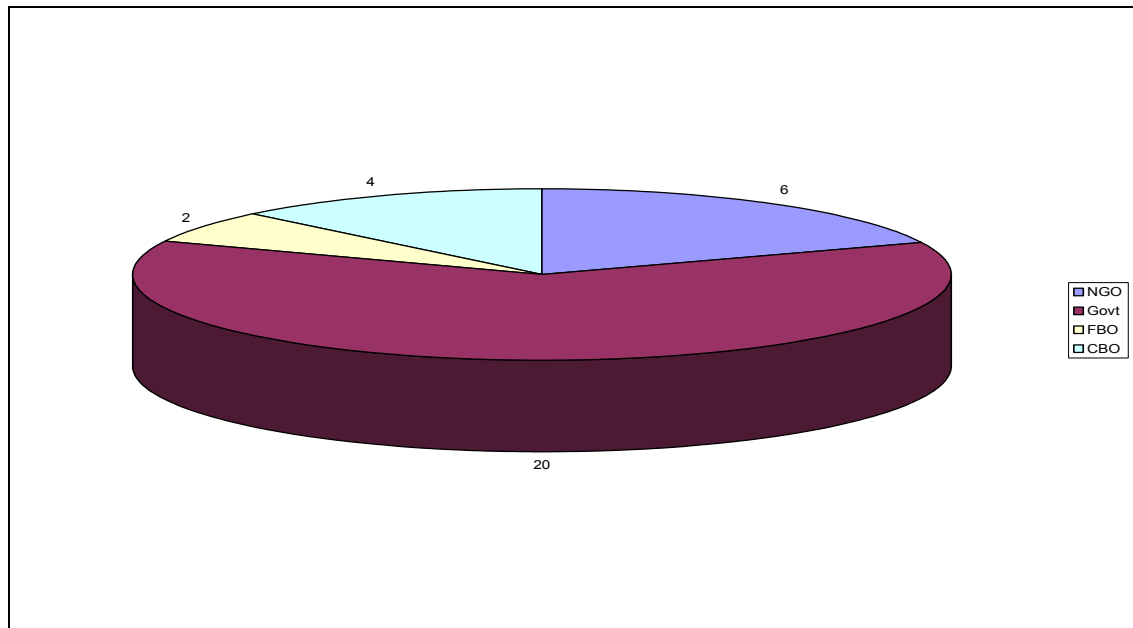
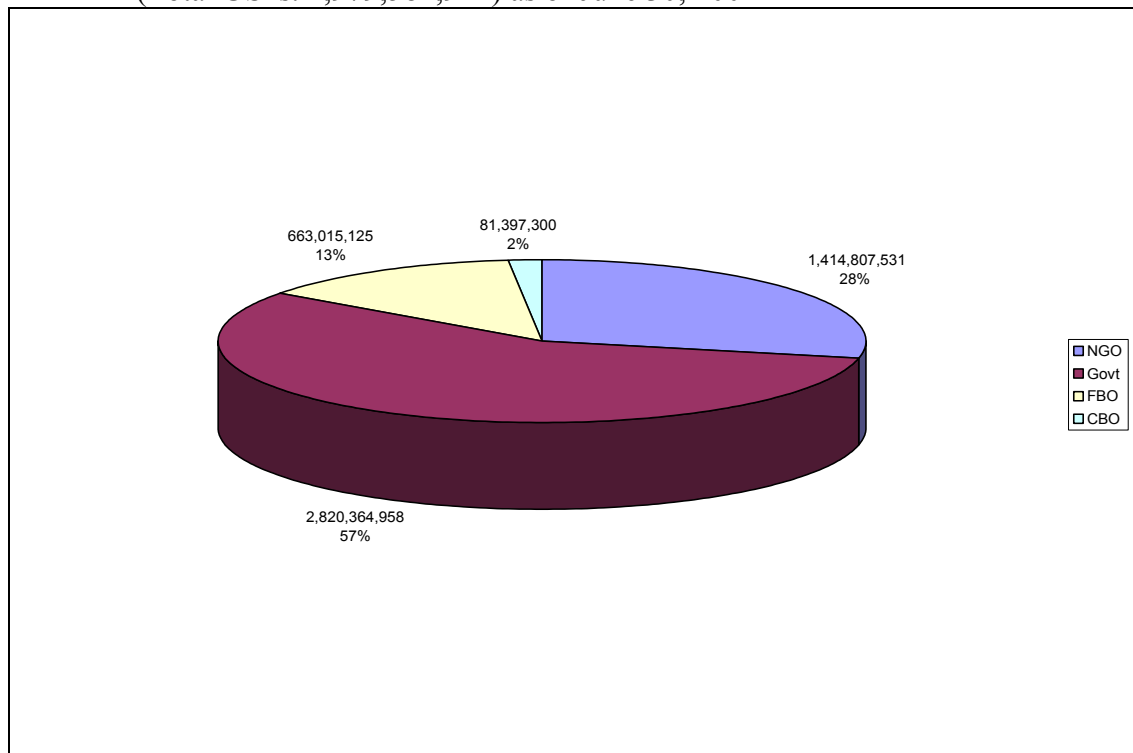


Figure 2: Amount of Grant Money Obligated by Type in Uganda Shillings (Total UShs. 4,979,584,914) as of June 30, 2004



## SECTION 2: EFFECTIVE USE OF SOCIAL SERVICES

### Improved Quality of Social Services

#### *Key Achievements:*

- **Voluntary Counseling and Testing strengthened in Rakai with successful training of 18 persons covering 8 Health Centre IIIs**
- **Completed on-site rapid assessment of health facilities in 5 districts which has led to UPHOLD support to Ministry of Health for National HIV/AIDS Sero Behavioral Surveillance Survey**
- **Successful initiation of Yellow Star Program in 9 districts**
- **Reproductive Health training accomplished in 8 districts**
- **Education Management Strengthening strategy successfully refined to include Performance Improvement; two EMS Modules Developed**

#### **HIV/AIDS**

Through district support, voluntary counseling and testing (VCT) services were strengthened in Rakai, Kitgum, Katakwi and Bugiri Districts. For example, in Rakai District 6 laboratory technicians and 12 counselors were trained, and are now providing VCT services in 8 Health Centre IIIs.

UPHOLD completed on-site rapid assessment of health facilities for VCT, PMTCT and Management of Opportunistic Infections (OI), including TB, in 5 districts (Luwero, Wakiso, Kyenjojo, Bundibugyo and Rakai). As a result UPHOLD is now supporting the MOH with a National HIV/AIDS Sero Behavioral Surveillance Survey which will follow up these sites for in-depth assessment during the next quarter. 2 HC facilities per district were assessed, with only one (Nakaseki Hospital in Luwero) proving to be satisfactory in all three areas.

#### **Yellow Star Program (YSP)**

UPHOLD carried out orientation and action planning meetings for the implementation of the Yellow Star Program in 9 districts (Mayuge, Pallisa,

Wakiso, Mubende, Lira, Katakwi, Nakapiripirit, Gulu and Kyenjojo). This was achieved with critical input from the MOH Quality Assurance (QA) national trainers.



*Kyegegwa HC IV: General Out Patient, lacks counseling space*

Plans for institutionalizing quality of care in health facilities were made by each of the 9 districts and 5 (Mubende, Wakiso, Mayuge, Pallisa and Nakapiripirit) have started actual implementation.

Following approval by the MOH, support materials for implementing the Yellow Star Program (YSP) are ready for distribution.

A training consultancy firm was hired to conduct the training in 7 districts in the next quarter. The roll-out of YSP is on course.

### **Reproductive Health (RH)**

RH trainings were carried out in three districts: Clinical Life Saving skills training for midwives in Mayuge; Goal Oriented Ante-natal care and Adolescent Sexual and Reproductive Health training in Katakwi; Goal Oriented Ante-natal Care and Interpersonal Communication Skills in Nakapiripirit.

RH managers from 8 districts were supported to attend the RH Implementing Best Practices (IBP) conference in June. The theme for the conference was “Repositioning Reproductive Health within the Health Sector in Africa”; participants prepared action plans on how they will ensure improvement of RH services in their districts, which UPHOLD will support.

### **Education**

UPHOLD, in partnership with MOES, redefined the Education Management Strengthening (EMS) roll-out strategy, the component now includes a package of interventions that focus on performance improvement and management capacity building for educational decision makers and managers at multiple levels.

In partnership with BEPS, UPHOLD provided technical coordination to support the development of two modules for Education Management Strengthening. This included holding and coordinating three Reference Group meetings to review drafts and provide input into development of EMS management training modules. The nine participants included MOES, Kyambogo University, ESA, BEPS,

UPHOLD and other stakeholders. This resulted in preliminary drafts of the two modules on “Leadership in Education” and “Managing School Improvement” being developed. The variety of stakeholders participating in the Reference Group has resulted in an ensured early buy-in for the training program.

This activity has been a strong illustration of the existing opportunities for UPHOLD as a “services” program to collaboratively share existing resources with the “systems” sister program, BEPS. This has exemplified an appropriate and productive approach to building synergies between USAID-funded programs on one side and maintaining quality on the other.



## Improved Access to and Availability of Services

### *Key Achievements:*

- More than 1,900 Insecticide Treated Nets; and nearly 900,000 doses of HOMAPAK successfully distributed to six districts
- Malaria training for 30 health providers accomplished in Mayuge District
- Outreach services delivered by Lira District Government to over 5,000 Internally Displaced Persons
- Roll-out of Teacher Effectiveness cascade resulted in 25 Master Trainers in Cooperative Learning (CL) for the 6 pilot districts who are now able to train others in the use of CL in the classroom
- 142 district level Trainers of Trainers successfully trained in Cooperative Learning in the 6 pilot districts
- 112 school representatives in Arua and Bundibugyo successfully trained and ready to implement school based training in Cooperative Learning

### **Malaria and Fever Management**

A total of 1,916 Insecticide treated nets (ITN) were purchased and delivered to Katakwi for distribution to children and pregnant women in IDP camps.



*UPHOLD handing over ITNS to Katakwi district officials*

In order to increase availability of services at community level for management of fever in children, UPHOLD purchased a total of 882,471 doses of HOMAPAK for delivery to six districts. (Bugiri, Kamuli, Mayuge, Rakai, Wakiso and Kyenjojo). Table 1 shows breakdown per District for these

procurements. An additional order of 153,023 doses has been placed for supplies to Luweero and Pallisa. As a result of this intervention there were zero incidents of HOMAPAK reported 'out of stock' in any of the districts mentioned above during the quarter.

**Table 1: Procurements for HOMAPAK per District**

District	Red (6mths-2 years)	Green (2-5 years)	TOTAL
Bugiri	14,939	23,032	37,971
Kamuli	118,197	118,197	236,394
Mayuge	52,615	52,615	105,230
Rakai	62,907	62,907	125,814
Wakiso	112,456	112,456	224,912
Kyenjojo	76,075	76,075	152,150
Grand Total	437,189	445,282	882,471

A review of the ITN distribution system used by ADRA in Mayuge District was carried out as a way of identifying possible avenues for partnerships and to learn from the ADRA experience.



The study revealed that when one ITN was available in a male-headed household, the net was more likely to be used by the head of the household, not vulnerable children or expectant mothers. Undue emphasis was placed on ineffective methods of malaria control; the centralized distribution of ITNs reduced effective access to nets. Furthermore, the study revealed that community perception about the causes of malaria need to be substantially improved.

30 health providers from 3 health sub-districts in Mayuge, ranging from HC IV to HC III, were trained in the management of severe and

complicated malaria. These providers serve a total population of 326,567.

### **Internally Displaced Persons (IDP)**

UPHOLD continued to support outreach to IDP camps in Lira, Gulu, Kitgum and Katakwi for Curative Services, Immunization, ANC and FP services. As can be seen in *Table 2*, in Lira alone 5,574 IDPs who would have otherwise not received any such services have been reached. VCT outreach services were supported in 6 camps in Katakwi District, with 187 clients counseled and tested in July 2004.

***Table 2: Immunization and Reproductive Health Services in 10 IDP Camps in Lira***

<i>Treatment Received</i>	<i>Total Number of Recipients</i>
Children in camps who received BCG	630
Children who received routine Polio vaccination	68
Children who received DPT-HeBHiP3	310
Children who received measles vaccination	187
Pregnant women who received TT	492
Pregnant women who received IPT1	624
Pregnant women who received IPT2	119
Family Planning new acceptors in the camps	4,286
Clients referred to Marie Stopes for Tubal Ligation and had it done	153



*An IDP camp in Gulu District where outreach services were provided*

## Education

The roll-out of the Teacher Effectiveness (TE) cascade started with the training of Master Trainers (MT). 25 MTs in Cooperative Learning (CL) for the 6 pilot districts (Arua, Bushenyi, Bundibugyo, Lira, Luweero and Mayuge) are now able to train others in the use of CL in the classroom. Each of the MT teams developed a training work plan on which the second level of the cascade in their particular districts would be based. Resulting in the joint group of trainers establishing a schedule of trainings for the district ToTs in the 6 pilot districts.

With the completion of the MTs training, each district trained the district education officers resulting in 142 district level ToTs being trained in the CL approach of teaching in all 6 pilot districts. Each district team identified a selection of schools in which the CL teaching approach will be piloted, 8 coordinating centres per district were identified around which the schools were chosen.



*School children at Arua Hill Primary School receive training materials - June 2004.*

In addition, each of the cluster coordinators and the inspectors in charge drew up a training work plan for each district for the training of the lower level of the cascade of the school representatives.

“Cooperative Learning is professional awakening” and “An improvement strategy to pull up the slow learners”  
Ayaka Elizabeth, P6 Teacher

“CL is an innovation towards effective teaching and learning in the classroom”

*Obiayi Raymond Ombere, P7 Teacher*

School representatives training was completed in Arua (36 schools) and Bundibugyo (20 schools) districts for 112 representatives. Participants understood the concept of CL and its benefits; however, they were concerned about the issue of over crowded classrooms and the implementation of CL. A set of 16 proposed proxy indicators were identified by the ToTs and the school representatives that could be used as a guide in measuring quality in TE and school-based quality reform. These indicators need to be developed further and consolidated to form an agreed standard for QA in schools. In a related development, workshop training supplies/materials were distributed to each of the participating schools to ensure that school-based training is carried out.

It is expected that after classroom teachers have been exposed to the CL teaching approach lessons will be taught using it. The target is that by the end of the primary school academic year at least 10 teachers in each of the schools with trained school representatives will be able to teach at least 3 lessons in a week using the CL approach.

In Arua district the headteachers were so excited about the training, that after two days, school based training started in Arua Hill primary school. (See

*Appendix C for what teachers from Arua have so far said about the CL approach of teaching)*

## Improved Positive Behavior Changes Adopted

### *Key Achievements:*

- **Reduction of severe childhood malaria referred to health facilities by Drug Distributors in Rakai achieved**
- **More than 144,000 nets successfully re-treated in 6 UPHOLD districts**
- **National roll-out strategy for Presidential Initiative on Aids Strategy for Communication to Youth (PIASCY) successfully prepared**

### **Malaria and Fever Management**

Reports from Rakai indicate that many children with fever are being treated in time by the drug distributors and the number of children being received in health facilities with severe malaria has greatly reduced, see *Table 3* for precise figures.

However, efforts still need to be made to ensure that more children receive treatment within 24 hours of onset of fever and that data collection and reporting is improved.

***Table 3: Treatment of Childhood Fever in Kooki Health Sub-district, Rakai***

	Mar 04	Apr 04	May 05
Children treated	923	1044	50
Children treated within 24 hours	504	564	13
Children referred by Drug Distributors	42	40	12

Activities were carried out to contribute to positive behavior change among pregnant women and parents/carers of under 5s with Radio spots about IPT, ITN use and HBMF

in Gulu and Kitgum plus drama shows about IPT, ITN use and HBMF in 7 schools and 4 camps in Kitgum.

Adolescents were targeted with a radio program on health, being aired in Gulu by Straight Talk Foundation; in addition the RH Specialist participated in counseling and mentoring of school girls and boys in Gulu, regarding ASRH.

The MOH identified 20 districts, of which six were UPHOLD-supported districts, to participate in the net retreatment exercise, which was very well received by the district leaders and communities. In total, 144,615 nets were retreated; this constitutes 55.7% of targeted nets for the 6 districts, with differences across the districts ranging from 29.2 – 99.3% of the target reached, (see *Table 4*). This can be attributed, to a large extent, to the level of mobilization achieved in the district. For example, Mbarara district covers a large area with a scattered population of 1.089.051, compared to Kamuli district with a population of 712,000 clustered in a smaller area.

The net retreatment exercise created a demand for ITNs, in all the retreatment sites there were requests for purchasing nets. UPHOLD is presently analyzing how best to address this. The MOH,

via the Global Fund, are in the process of purchasing 2 million nets to be distributed throughout all 56 districts, targeting pregnant women and under 5s.

**Table 4: Net Retreatment in the Six UPHOLD Districts**

District	Nets estimated	target	Total treated	% target
Arua	57,353	40,147	28,543	71.1%
Kyenjojo	15,529	10,870	3,508	32.3%
Kamuli	39,213	27,449	27,243	99.3%
Mbarara	146,192	102,335	29,913	29.2%
Luweero	44,622	31,235	18,470	59.1%
Wakiso	95,636	66,754	36,938	55.3%

### **Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY)**

The Ministry of Education and Sports (MOES) embarked on a process of systematic roll-out of PIASCY to cover training for 45,000 teachers from all Uganda's 56 districts. The plan is to give orientation to three school representatives in all public and private primary schools in the country. To do this, the MOES and BEPS are working with UPHOLD as its major partner in rolling-out the program activities at district level in collaboration with District officials, Core Primary Teachers Colleges (CPTC), Head teachers and other stakeholders.

UPHOLD is primarily responsible for the district roll-out. The implementation strategy is to operate through the Teacher Development and Management System (TDMS) to ensure integration into the school activities and sustainability.

The PIASCY Teacher Orientation Meetings were carried out in July at 13 sites in 4 districts (Wakiso, Kayunga, Masaka and Rakai), with a total of 772 participants undergoing training. This activity is one that emphasizes a collaborative effort to coordinate the systems and the services programs of MOES, USAID, BEPS and UPHOLD.

## SECTION 3: INCREASED CAPACITY TO SUSTAIN SOCIAL SERVICES

### Improved Decentralized Planning, Management and Monitoring Systems

#### *Key Achievements:*

- **HIV Test Logistics training in partnership with MOH, DELIVER and AIM achieved in all 20 UPHOLD districts**
- **Community Based Growth Promotion program in Bugiri successfully implemented with 14 district trainers active in 10 villages with 5 growth promoters selected**
- **8 Districts identified 5 key quality indicators to monitor school-based quality reform after successful dissemination of formative research on SMCs/PTAs and other Community structures**

#### **HIV/AIDS**

UPHOLD organized and facilitated a Statement of Collaboration (SOC) partners meeting for Karamoja region, attended by 38 people, mainly from district teams of the region on behalf of USAID and its partners. Recommendations reached at the one day meeting which UPHOLD will action, were:

- Improve dialogue among development partners and districts during planning and implementation of HIV/AIDS activities
- Deeper integration of HIV/AIDS activities in the district development plan
- Specifically for Nakapiripirit district: UPHOLD needs to support the district efforts in psychosocial support for PLWA, district capacity in VCT data entry, management and analysis, effective and practical skills in supervision of VCT services, improving facility based care for PLWA especially in areas related to counseling and management of opportunistic

infections and general community mobilization and participation

UPHOLD, in partnership with MOH, DELIVER and AIM, supported training on HIV Test Logistics. A 2-day ToT workshop for 16 trainers who then completed the district training of 1,168 health personnel from health offices and facilities from 56 districts (including the 20 UPHOLD districts). The training was targeted at improvement of the health workers knowledge and skills in HIV/AIDS logistics management to improve the systems in planning, management and monitoring of HIV/AIDS logistics in the districts, which will ultimately improve service delivery.

#### **Health**

Bugiri district is being tested as a model district to implement Growth Promotion activities through the Community IMCI concept.

A core team of 14 district trainers are already in place and trained to support training activities for the village Growth Promoters. Bugiri will initially implement the activities in 10 villages of Busesa Sub-county.

Communities in the 10 villages have been sensitized about the intentions of the ‘Grow Healthy’ program and each village has selected 5 growth promoters to be trained in to support the Child Health community-based activities.

Existing training materials for the growth promoters produced by the USAID BASIC II program were modified. In close collaboration with the MOH, UPHOLD is planning to repackage these materials into a much smaller version, possibly translated into the local languages. This standard training package will be used in all UPHOLD districts for Child Health related activities.

### **Education**

Dissemination of the formative research on SMC/PTA was achieved as

a component of the 3-day dialogue meetings held regionally for 8 districts, including the six pilot districts for education program activities and 2 non-pilot districts. Participants in the dialogue meetings included wide representation of education stakeholder from each district, including representatives of local councils, SMCs/PTAs, CDOs/CDAs, DEOs, DISs, NGOs, CCTs and CPCs.

As a result, each of the districts identified 5 key quality indicators to monitor in striving for school-based quality reform, where the individual needs of each school receive district support at school level. The dialogue meetings provided an avenue for sharing with the stakeholders the progress of activities and accomplishments so far made under UPHOLD’s Community Involvement in Education component (CIE).

## **Increased Private Sector Role in Service Delivery**

### ***Key Achievements:***

- **Implementation mechanisms successfully agreed upon for Private Sector Strategy and Workplan in Mbarara District**
- **Training and monitoring guide for private providers updated to include HIV and key monitoring indicators achieved**
- **Successful start up of activities with Uganda Private Midwives Association with recruitment of key staff accomplished**
- **Priority activities agreed with Community Development Assistants (CDAs) to support Traditional Healers in Bundibugyo accomplished**
- **The role of Civil Society Organizations Phase I study results disseminated; Data collection in 15 of the 20 districts completed for Phase II.**

A meeting was held with Mbarara district local government officials and representatives of the private sector to discuss the introduction of private sector activities, bringing together, for the first time, over 20 public and private service providers, to agree on the priorities, modalities and implementation arrangements to

strengthen the relationship between the two sectors. Participants agreed upon coordination mechanisms for building Public Private Partnerships in addition to the UPHOLD Private Sector Strategy and Work Plan.

The training and monitoring guide for improvement of practices of private providers was reviewed and updated to include HIV and key performance indicators. The training materials are ready for use in training of trainers in Mbarara, Rakai, Bushenyi and Rukungiri and also for use in training of private service providers in Mbarara.

A Memorandum of Understanding with Uganda Private Midwives Association (UPMA) was signed and activities implemented. UPHOLD assisted in the recruitment of key staff to be supported under the contract. UPHOLD participated in the review of the UPMA peer support supervision system, known as the Regional Representative program, with a view to improving its quality. In conjunction a quick assessment was carried out using a questionnaire to members during the monthly general meeting. Strengths and weakness in the system were identified and suggestions for improvement made. Supervision of members using the improved process has been taking place. In preparation for their strategic plan for the next 3-5 years, UPHOLD are providing TA to UPMA on conducting service quality assessment of members facilities. A joint grant proposal has been completed and submitted between Traditional Healers and Modern Health Practitioners together against AIDS (THETA) and National Chemotherapeutics Research Laboratory (NCRL), which is currently undergoing technical review.

A follow-up of private sector activities in the Ruwenzori districts of Bundibugyo and Kyenjojo was carried out showing there is already progress in planning for and implementing private sector activities in this region. Discussions were held with 45

traditional healers and 23 Community Development Assistants of Bundibugyo to understand the work of traditional healers in the district and the role of CDAs in supporting, them resulting in three priority activities to be carried out by CDAs being agreed upon.

The Role of Civil Society Organizations Phase I study findings changed the direction and agenda for Phase II from just mapping to partnership building between CSOs and local governments. Data collection in 15 of the 20 districts has been completed, with the exercise continuing in the remaining 5.



## SECTION 4: STRENGTHENED ENABLING ENVIRONMENT

### Increased Community Participation

#### *Key Achievements:*

- **Accomplished orientation of district leadership in Kamuli on PMTCT and VCT with 56 participants**
- **Information, support and counseling on HIV/AIDS to Community Based Organizations in Kyenjojo and Bundibugyo successfully executed**
- **Successful commencement of NSARWU Community Integrated Nutrition program in Mbarara and Rakai districts with the way forward accomplished**
- **Regional stakeholders' dialogue meetings in 8 districts which identified ways to strengthen school-community linkages to promote quality education**

#### **HIV/AIDS**

UPHOLD participated and supported the orientation of Kamuli District leaders on PMTCT and VCT program and services. The 56 participants included district councilors, DDHS office and heads of Faith Based Organizations. Policies on VCT and PMTCT were discussed and the participants were able to understand their role in implementation of the policy.

*"I did not know that we needed a policy for people who are sick of AIDS to go for treatment and care. I thought that if one is sick it is automatic to go for treatment and the health worker to give you the drugs. Now I understand the use of a policy. Thank you."*

Male District Councilor- Kamuli

*"After this meeting my eyes have been opened, I have to go for an HIV test. I need to talk to other women"*

Woman Councilor- Kamuli

Different facilitation methodologies were used to increase participation and free exchange of perspectives. Role plays, games and case studies were

very powerful methods; individuals began perceiving themselves at risk.

UPHOLD also provided information and support to groups of PLWA and other Self-Help CBOs in the districts of Kyenjojo and Bundibugyo. One of their major constraints is lack of financial resources to implement their activities. As a result they were encouraged to lobby and be part of the planning, resource mobilization and allocation in the district work plans and budgets for their community based HIV/AIDS prevention, care and support activities.

A consultative session was held with 25 members living with AIDS in Bundibugyo (Bundibugyo Association of Women Living with HIV/AIDS), who posed a number of questions. The questions asked were mainly about the new drugs (ARVs), how to cope with stigma, nutrition and positive living.

In addition, a number of them had concerns about why they should use condoms with their partners since they are all HIV positive; it cannot be assumed that this group of PLWA has information and knowledge about the risks of re-infection, pregnancy and

STIs. The group expressed the need to be updated with new information, for counseling and also assertiveness skills in addressing stigma. They demonstrated a new appreciation about risk perception on re-transmission of HIV, and promised to pass on the information to their colleagues. More importantly, much progress is still needed to disseminate information on positive living.

### **National Strategy for the Advancement of Rural Women in Uganda (NSARWU)**

UPHOLD has advanced grant funds of 80,147,000 UGX as part of the grant to support the Community Integrated Nutrition program for Nyabushozi sub-county, Mbarara district and Kabula sub-county, Rakai district. The overall objective of the program is to improve the nutritional status of children. NSARWU held a consultative meeting in June 2004 with local leaders to introduce the program and discuss the planning of the participatory Rural Appraisal to be carried out in the two sub-counties. 71 people attended the meeting which was facilitated and chaired by the LC3 chairmen for both sub-counties. Recommendations for the way forward were agreed upon.

### **Education**

Innovative ways of involving parents/communities in primary education were identified during the three regional stakeholder dialogue meetings. (*See Appendix D*) These brought together a selected group of representatives from each of the six pilot districts and the other two districts where the SMC/PTA formative research had been done. The 3-day regional meetings involved representatives of local councils,

SMCs/PTAs, CDOs/CDAs, DEOs, DISs, NGOs, CCTs and CPCs.



*District dialogue on school-community partnerships for quality education, Lira district stakeholders' Dialogue Meeting*

## Effective Implementation of National Policies

### *Key Achievements:*

- **65,000 doses of Mebendazole successfully distributed in Luweero**
- **Meetings with MOES working groups to develop indicators for monitoring Teacher Effectiveness resulted in five areas for measurement being identified**
- **Education Management Strategy modules successfully developed and approved by MOES working group**

### **Health**

UPHOLD worked with the MOH, Child Health Division in the review of community child health registers.

In collaboration with the Vector Control Division of the MOH, UPHOLD provided 65,000 doses Mebendazole to Luweero. Mebendazole is an antihelminthic, or a “dewormer”.

### **Education**

The Teacher Effectiveness Working Group meetings addressed issues of harmonization of activities across education projects supporting the MOES. The deliberations focused on identifying quality indicators for Teacher Effectiveness which resulted in five areas being identified as categories on which TE could be measured:

- Teaching skills
- Professional characteristics
- Learning environment
- Parental involvement
- Continuous school based professional development.

Partners involved in these activities included BEPS, cooperation for Development Ireland Aid (DCI), Enhancement of Universal Primary Education in Kampala (EUPEK), Education Standards Agency (ESA) and UPHOLD.

The UPHOLD education team participated in Education Management Working Group chaired by MOES; BEPS and UPHOLD were given approval for their proposal to move forward on the development of management training modules on Leadership, Education/School Improvement Cycle, and Curriculum Management.

In addition UPHOLD continues to use the Education Management Working Group as a forum to keep key stakeholders informed and appropriately involved in development of UPHOLD’s EMS performance improvement strategy and activities.

UPHOLD participated in a stakeholders meeting organized by the MOH to review the draft HSSP II and were informed of the MOH priorities for the next five years. UPHOLD were then able to provide the necessary feedback to the MOH on HSSP II.

## SECTION 5: MONITORING AND EVALUATION

### *Key Achievements:*

- **Successful LQAS consultative and planning meetings, review of proposed indicators and instruments for the LQAS surveys, with the major stakeholders and partners**
- **197 District officials from 20 Districts completed 11 day intensive training in LQAS methodology, data collection, tabulation and analysis in 6 different training centres**
- **School and health facility LQAS surveys successfully conducted in all 20 UPHOLD districts in 6 days**
- **Preliminary LQAS school and health facility results submitted to the UPHOLD Technical team and districts**

The M&E fourth quarter was an exciting one in the life of the program. The first school and health facility Lot Quality Assurance survey (LQAS) was successfully conducted in all the 20 UPHOLD districts, and several capacity building activities occurred with districts and NGO grantees.

During the quarter, consultative and planning meetings were arranged to discuss the methodology UPHOLD was to use for collecting the remaining baseline information at school facility, health facility and population-based level. The meetings were attended by all stakeholders and partners, including MOES, MOH, Ministry of Gender Labour and Social Development, USAID/MEMS, UNICEF, UACP, DEOs, DDHS, and the District Planning Units. These meetings also included the review of proposed indicators and instruments for the surveys.

Much debate centred on who would collect the data. It was finally agreed that in consideration with UPHOLD's mandate to develop capacity at the district and community level, and the institutionalization and sustainability

of the LQAS exercise, the District Planning Unit (DPU) will be charged with the overall supervision of the survey and custody of the data collected.

197 District officials, including 2 officials from each District Planning Unit, 1 from each District Education department, 1 from each DDHS office and the Community Development Workers, underwent an eleven-day intensive training in LQAS methodology, data collection, tabulation and analysis in six different training centres according to the 20 UPHOLD districts. At the end of the training a final evaluation successfully verified the trainees knowledge of LQAS concepts and interview techniques.

The school and health facility LQAS surveys were conducted in all 20 UPHOLD districts during the first week of June 2004. These targeted 19 schools from each defined supervision area and all health centres III up to referral hospitals in the 20 districts.

The LQAS survey is the first of its kind to be carried out in school and health facilities, in addition to being conducted in conflict areas.

### School and Health Facility Survey Results

In partnership with MOH, MOES and district level government, the Lot Quality Assurance survey for the school facility addressed issues of quality at the school in different geographic and/or administrative areas.

The survey aimed at highlighting to administrators and managers areas with critical low performance and high performance. A separate report is being prepared on the analyses of LQAS findings and will be widely disseminated.

Figures 2 to 6 show a few of the indicators on teacher effectiveness, school health and support supervisions at all levels that were addressed in the survey.

Figure 3: Percent Distribution of Primary Schools that Received Two Supervisions as of June 2004, By District and Supervision Type

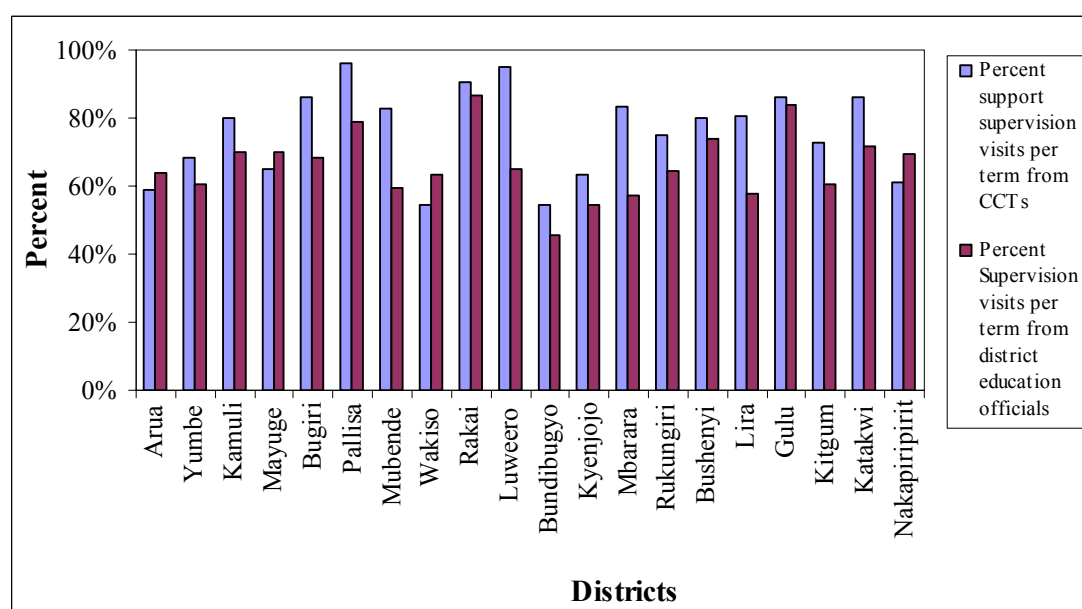


Figure 3 shows the percent distribution of primary schools in 20 districts that received support supervision from centres coordinating tutors (CCT) and from district education officials. As a rule, a higher proportion of schools in districts tended to have more supervision contacts with CCT in contrast with district officials. The exceptions were Arua, Mayuge, Wakiso and Nakapiripirit districts. In 15 districts, at least 60% of schools had received supervision from CCT

and district education officials. Schools in Kyenjojo and Bundibugyo districts had the least contact with any form of supervision whereas Rakai had the most contact with both forms of supervision in over 80% of schools. A question for follow up is the identification on the factors that enable Rakai CCT and district officials to supervise its schools and those that undermine Bundibugyo and Kyenjojo districts' efforts on the other hand.

Figure 4: Percent Distribution of Primary Schools in 20 Districts with Hygiene Facilities by Type of Hand Washing Resources in June 2004

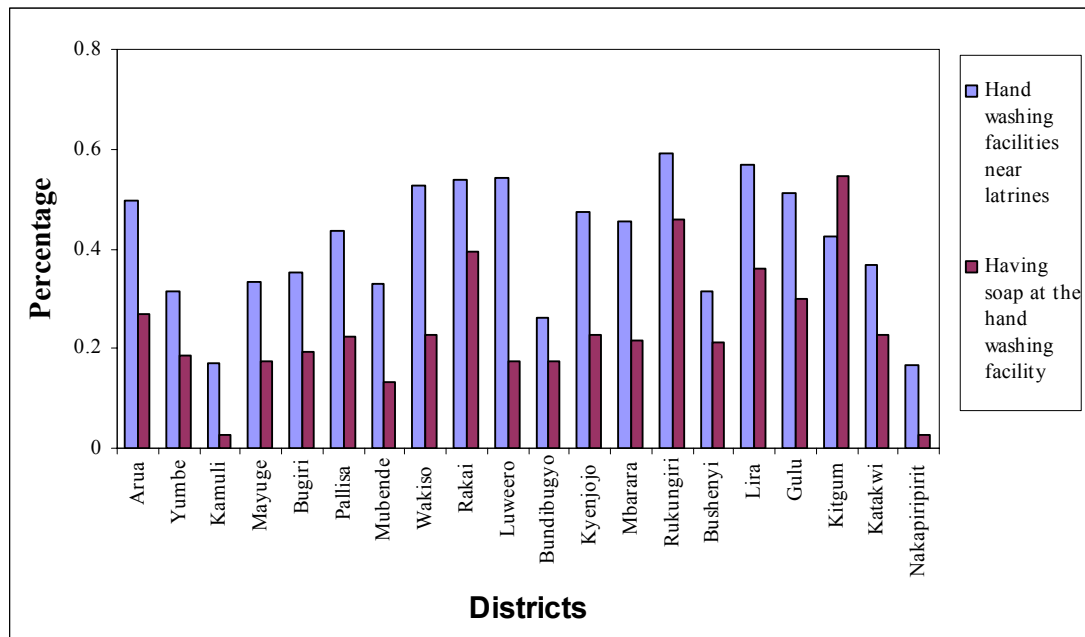


Figure 4 shows the percent distribution of primary schools in 20 districts with hygiene facilities by type of hand washing resources in June 2004. Whereas all schools should have hand washing facilities near latrines, in none of the 20 districts surveyed did the percent of schools with such facilities exceed 60%. With respect to the

availability of soap, only in 10 districts did the percent of schools with soap exceed 20%. In Bundibugyo where an outbreak of Cholera was recorded in May 2004, less than 20% of primary schools had soap at hand washing facilities. Much more needs to be done to improve sanitation.

Figure 5: Percent Distribution of Primary Schools in 20 Districts with HIV/AIDS Information Dissemination Resources by June 2004

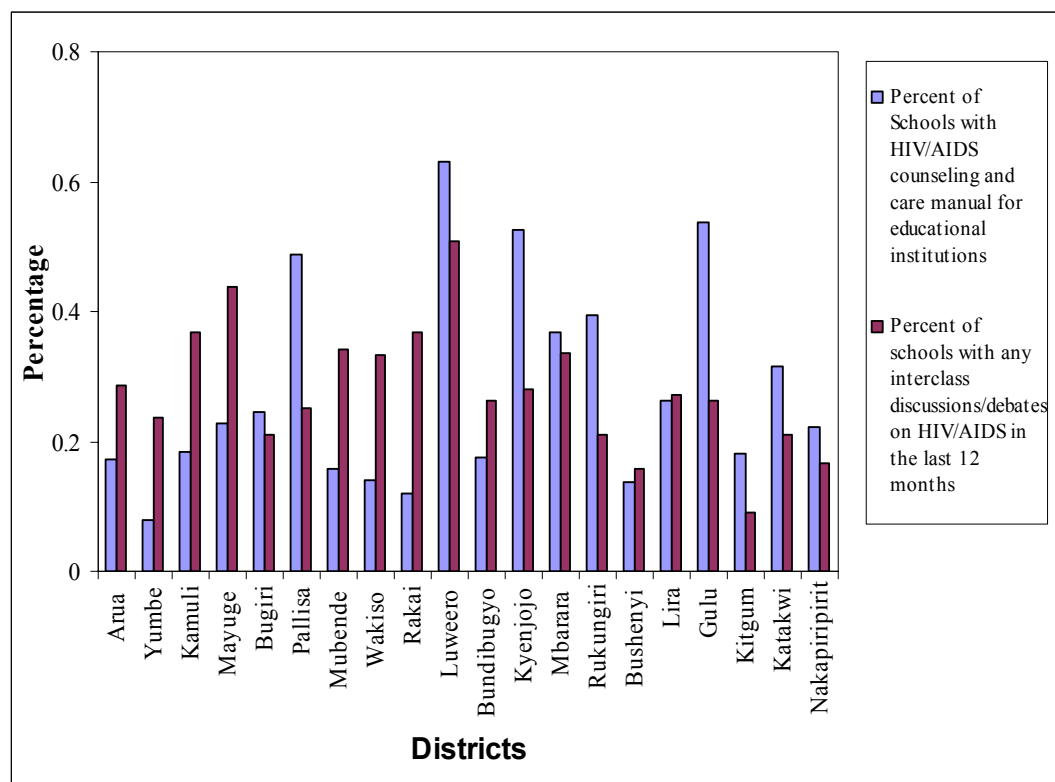


Figure 5 shows percent distribution of primary schools in 20 districts with HIV/AIDS information dissemination resources by June 2004. With the exception of Pallisa, Luweero, Kyenjojo and Gulu districts, 20-40% of schools in all the districts had a (PIASCY) manual for HIV/AIDS counseling. In the former 4 districts, at least 50% of schools had the manuals.

Except in Mayuge and Luweero, less than 40% of schools reported the practice of class discussions or debates on HIV/AIDS. The planned PIASCY roll-out for all primary schools by UPHOLD and BEPS and MOES will make manuals available to all schools in the country as well as provide training on their use for 3 teachers per school.



Figure 6: Percent Distribution of Health Centres in 20 Districts with Basic Emergency Obstetric Care Services and Staff Trained in Reproductive Health Services.

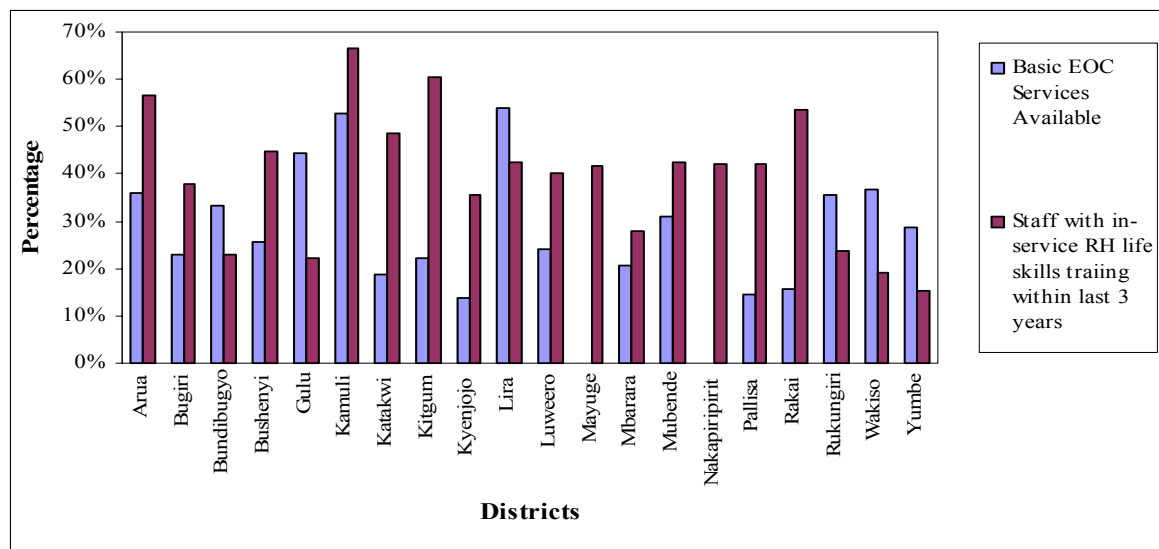


Figure 6 shows percent distribution of health centres in 20 districts with basic emergency obstetric emergency services and staff trained in reproductive health services. With the exception of Rakai, Arua, Kitgum and Kamuli districts, less than 50% of health centres in districts had staff

trained in reproductive health. Only in Lira and Kamuli did the percent of health centres with basic emergency obstetric services exceed 50%. None of the health centres surveyed in Nakapiripirit and Mayuge had any emergency obstetric services available.

Figure 7: Percent Distribution of Health Centres in 20 Districts that Met Minimum Conditions for a Functional VCT Centres

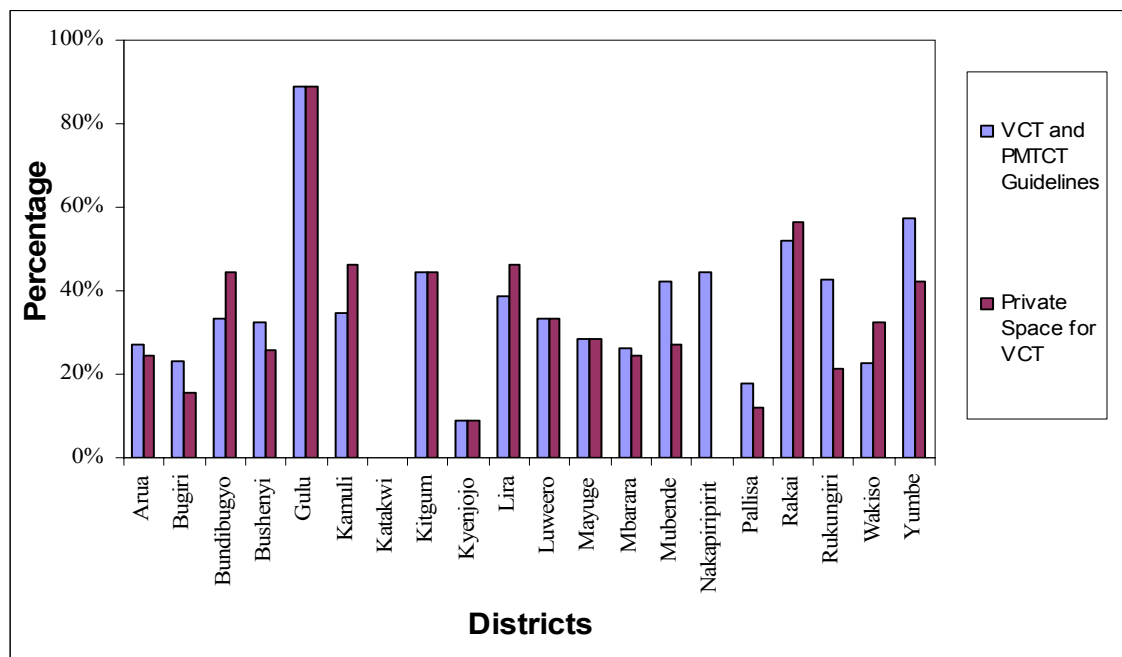


Figure 7 shows percent distribution of health centres in 20 districts that met minimum conditions for a functional VCT centres. Only in Rakai and Gulu did at least 50% of health centres have VCT/PMTCT guidelines and private space for counseling. In Katakwi district, none of the health centres surveyed met any of these two conditions. None of the health centres surveyed in Nakapiripirit had private space.

In Gulu however, 90% (8 of 9) facilities surveyed met both requirements.

A report detailing other findings is under preparation and will be disseminated widely. In the interim, the 20 participating districts have all obtained preliminary results of the surveys and they will be assisted by UPHOLD to use them for planning and monitoring.

## SECTION 6: CHALLENGES AND CONSTRAINTS

During the quarter, the four challenges and constraints of consequence pertain to accountability issues in the districts, forming and maintaining district-led partnerships, integration into district planning cycles and security in conflict-affected districts.

### **Accountability Issues in Districts**

Mindful of persisting issues of accountability for resources and results in districts, UPHOLD continued to assist district officials to intensify the use of existing GOU-designed tools to report activities associated with resources obtained from UPHOLD. In addition, steps were taken to increase the substantive role of elected officials at the district level to promote the execution of agreed upon commitments. Districts whose leaderships provided substantive roles to district council leaders, tended to be more accountable for the resources received and the results produced. Nevertheless, UPHOLD will continue to exercise the right of transferring funds to districts that have satisfied minimum accountability requirements.

### **Forming and Maintaining District Partnerships**

As expected, issues regarding partnerships at the district level intensified with increased implementation. Specifically, the need to form partnerships where they did not previously exist has become necessary in light of new programmatic approaches. For example, better community involvement in education suggests that

the district department of education will be better off teaming up with the department of community development than if each department worked in parallel. However, in six districts where this effort is being piloted, additional investment of time to foster a team spirit remains necessary to overcome departmental mindsets.

In another development, public-private partnerships to advance development objectives, while still in a nascent stage, continue to progress at the district level. The health sector is farther ahead in forming partnerships with the private sector than the education sector. The advantage in the health sector is explained by a longer history of practice; with more exposure, the education sector is expected to perform even better.

Next quarter, UPHOLD will report on tools under development to measure the quality of partnerships. It is expected that such tools will encourage parties to identify and focus on local, strengths opportunities, and resources for productive partnerships within the context of district decentralization.

### **Full Integration into the District Planning Cycle**

While UPHOLD has made considerable progress with integrating into district activities and strategic thinking, work still remains to integrate fully into the District Planning Cycle.

For example, in Wakiso district there were Presidential visits during June and early July which required district officials' time; in Luweero activities began late due to the interdiction of district officials; in Mayuge the interdiction of officials froze public spending.

### **Security in Conflict Areas**

During the quarter, security concerns in districts affected by conflict remained a concern. Necessary precautions were exercised as advised

by GOU security officers and the UN OCHA.



*Military Escorts sometimes required*

## SECTION 7: APPENDICES

- A. Acronyms
- B. Grants Updated as of 30 June 2004
- C. Teachers Comments on CL approach to teaching
- D. Suggestions from Regional Stakeholders Dialogue Meeting on School Community Partnership for Quality Education, Lira District
- E. UPHOLD April to June 2004 – The Quarter at a Glance

**Acronyms**

AIC	AIDS Information Centre
AIDS	Acquired Immunodeficiency Syndrome
AIM	AIDS/HIV Integrated Model District Program
ANC	Antenatal Care
ASRH	Adolescent Sexual and Reproductive Health
BCC	Behavior Change Communication
CAO	Chief Administrative Officer
CBO	Community Based Organization
CCT	Coordinating Centre Tutors
CDA	Community Development Assistant
CDO	Community Development Officer
CL	Cooperative Learning
COP	Chief of Party
CPA	Community Participation and Advocacy
CSO	Civil Society Organization
DCOP	Deputy Chief of Party
DDHS	District Directorate of Health Services
DEO	District Education Officer
DHMT	District Health Management Team
DPT	Diphtheria, Pertussis, Tetanus
DPU	District Planning Unit
EMS	Education Management Strengthening
EOC	Emergency Obstetric Care
FABE	Family Basic Education
FBO	Faith Based Organization
FP	Family Planning
GOU	Government of Uganda
HBMF	Home Based Management of Fever
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSD	Health Sub-district
HTC	Health Training Consult
IBP	Implementing Best Practices

IDP	Internally Displaced Persons
IEC	Information Education and Communication
IMCI	Integrated Management of Childhood Illnesses
IPT	Intermittent Presumptive Treatment
ITN	Insecticide Treated Net
MOES	Ministry of Education and Sports
MOH	Ministry of Health
MOU	Memorandum of Understanding
MT	Master Training
NCRL	National Chemotherapeutics Research Laboratory
NGO	Non Governmental Organization
NSARWU	National Strategy for the Advancement of Rural Women in Uganda
OI	Opportunistic Infections
OPD	Out patient Department
PDQ	Partnership Defined Quality
PEPFAR	President's Emergency Plan for AIDS Relief
PIASCY	Presidential Initiative on AIDS Strategy for Communication to Youth
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PSS	Private Sector Strategy
PTA	Parent Teacher Association
RFA	Request for Application
RH	Reproductive Health
SMART	Specific, Measurable, Achievable, Realistic, Time-bound
SOC	Statement of Collaboration
SOW	Statement of Collaboration
SPW	Student Partnership Worldwide
STF	Straight Talk Foundation
STI	Sexually Transmitted Infections
TA	Technical Assistance
TASO	The AIDS Support Organization
TB	Tuberculosis
TE	Teacher Effectiveness



THETA	Traditional Healers and Modern Health Practitioners together against AIDS
TOT	Trainer of Trainers
UNICEF	United Nations Children's Education Fund
UPHOLD	Uganda Program for Human and Holistic Development
UPMA	Uganda Private Midwives Association
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
YSP	Yellow Star Program

## Appendix B

**Grants Update as of 30 June 2004**

<b>Grantee</b>	<b>Type of Org.</b>	<b>Technical Area</b>	<b>Stage as at June 30</b>	<b>UGX</b>	<b>UD Dollar</b>
AMREF	NGO	School health & nutrition	Under Reviewed	1,350,000,000	750,000
Arua	Govt.	Education/health/AIDS	Funded	103,844,800	57,692
Bugiri	Govt.	Education/health/AIDS	Funded	178,500,840	99,167
Bundibugyo	Govt.	Education/health/AIDS	Funded	163,449,123	90,805
Bushenyi	Govt.	Education/health/AIDS	Funded	120,489,400	66,939
CIDA for Poverty Alleviation	CBO	AIDS	Funded	8,379,000	4,655
FABE	NGO	Education	Funded	28,192,000	15,662
GOAL	NGO	AIDS	Funded	27,563,847	15313
Gulu	Govt.	Education/health/AIDS	Funded	89,640,900	49,801
Idudi Dev. Association	CBO	AIDS	Funded	11,441,000	6,356
IDAAC	CBO	AIDS	Funded	48,209,800	26,783
ICDC	NGO	School health & nutrition	Under Reviewed	149,522,400	83,068
Kamuli	Govt.	Education/health/AIDS	Funded	152,511,587	84,729
Katakwi	Govt.	Education/health/AIDS	Funded	140,931,000	78,295
Kitgum	Govt.	Education/health/AIDS	Funded	120,982,800	67,213
Kyenjojo	Govt.	Education/health/AIDS	Funded	232,173,700	128,985
Lira	Govt.	Education/health/AIDS	Funded	183,306,950	101,837
Luweero	Govt.	Education/health/AIDS	Funded	182,144,000	101,191
Madrasa	FBO	Education	Approved	625,552,575	347,529
Mayuge	Govt.	Education/health/AIDS	Funded	142,006,885	78,893
Mbarara	Govt.	Education/health/AIDS	Funded	140,512,950	78,063
Mubende	Govt.	Education/health	Funded	155,453,800	86,363
Nakapiripirit	Govt.	Education/health/AIDS	Funded	182,720,900	101,512
NSARWU	NGO	Health	Funded	182,959,000	101,644
NWASEA	CBO	AIDS	Funded	13,367,500	7,426
Pallisa	Govt.	Education/health	Funded	108,856,000	60,476
Rakai	Govt.	Education/health/AIDS	Funded	149,345,025	82,969
Rukungiri	Govt.	Education/health/AIDS	Funded	96,651,300	53,695
Straight Talk Foundation	NGO	Health/AIDS	Funded	862,188,000	478,993
Student Part. Worldwide	NGO	Health/AIDS	Funded	22,609,734	12,561
THETA/NCRL	Govt./NGO	Health/AIDS	Under Reviewed	429,561,000	238,645
Ug. Muslim Sup. Council	FBO	Education	Under Reviewed	675,000,000	375,000
UPMA	NGO	Health	Funded	291,294,950	161,831
Ug. Youth Forum	FBO	Health	Funded	37,462,550	20,813
Wakiso	Govt.	Education/health	Funded	131,733,998	73,186
Yumbe	Govt.	Education/health	Funded	45,109,000	25,061
<b>TOTAL</b>				<b>6,233,668,314</b>	<b>3,463,149</b>
Exchange Rate	1800				

### Teachers Comments on CL Approach to Teaching

Extracts from a news reporters interview with teachers of Arua Hill School where the Headteacher, after being trained, held training for his staff. This activity was publicized in the local FM radio station.

Alemiga Isaac, P6 Science Teacher

Q: How have you perceived Cooperative Learning as a teaching approach?

A: It is OK; I wish the course was finished soon

Q: Have you tried it in class?

A: Yes, twice.

Q: How did you find it in practice?

A: It made children to contribute ideas generously and even supported their answers when presenting group ideas.

Drazua Nelson, P6 English Teacher

Q: How have you perceived Cooperative Learning as a teaching approach?

A: It is very nice. I even put it into practice immediately.

Q: How did it work?

A: It makes preparation easy, I am hungry to have the course finished. When I tried it every child participated actively and all the children enjoyed their discussions and presentations.

Q: Do you have a piece of advice to your fellow teachers?

A: If all teachers adopt this method of teaching no child will fear a contribution to make in their learning process.

Anguyo Zelex Francis, P7 English Teacher

Q: How did you receive the Cooperative learning workshop?

A: Wonderful, I wish there was time and money so that all sessions of the course were finished.

Q: Have tried it in class yet?

A: Yes it worked very well. Children have learnt to get their leaders within a short time and made every child active in learning. The children seem not to get tired while learning.

**Regional Stakeholders Dialogue Meeting on School Community Partnership for Quality Education, Lira District**

Innovative suggestions on ways of involving parents and communities in primary education:

“Rewarding teachers who involve parents in children’s learning by use of certificates of recognition” Mr. Ssekibengo Joachim, DEO Luweero

“Exchange visits for SMCs/PTAs to learn from better performing SMCs/PTAs and transfer lessons learnt in actions in their own schools” Dan, DEO Mbarara

“Declaring Education week where parents and other stakeholders visit their children’s schools to discuss and agree upon ways of improving performance in schools” Kangawaza Dan, Chair person LC3 Nakaseke Sub-county Luweero

“Most SMCs/PTAs have members of low level of education, therefore the relevant policy documents need to be translated into the local languages to help them to interpret their roles and responsibilities correctly” Eriko Cyril, LC5 Secretary for Education, Arua

“Quality must start with the selection process, if SMCs/PTAs are selected due to popularity, how can we ensure quality performance? We must select people with skills and capacity to perform at all levels if we want quality primary education” Robinson Obot, DEO Gulu

## UPHOLD April to June 2004 – The Quarter at a Glance

IR 8.1 Improved Effective Use of Social Services	
Improved Quality of Social Services	<ul style="list-style-type: none"> <li>• Voluntary Counseling and Testing of HIV/AIDS strengthened in Rakai with training of 18 persons covering 8 Health Centre IIIs</li> <li>• On-site rapid assessment of health facilities in 5 districts</li> <li>• Initiation of Yellow Star Program in 9 districts</li> <li>• Education Management Strengthening strategy refined to include Performance Improvement; two EMS Modules Developed</li> <li>• Participated in the development of program and content for the Community Participation and Advocacy Sessions for the Technical/Operations Retreat</li> </ul>
Improved Access to and Availability of Services	<ul style="list-style-type: none"> <li>• 1,916 Insecticide Treated Nets distributed to children and pregnant women in IDP camps in Katakwi District</li> <li>• 882,471 doses of HOMAPAK distributed to 6 Districts with 153,023 doses on order for 2 further Districts</li> <li>• 25 health workers from 19 health facilities, 18 of which are in IDP camps, in Integrated Management of Childhood Diseases in Gulu</li> <li>• 36 councilors trained in the principle and practice of PMTCT in Kitgum District</li> <li>• 415 participants from the 9 sub-counties of Lamwu HSD received orientation training in TB DOTS</li> <li>• Training in HIV testing for 25 laboratory assistants from 3 health facilities in Kitgum District</li> <li>• Sensitization on VCT in 9 IDP camps in Katakwi using Drama (42 shows), Film (14 shows) and Radio (14 spots and 2 talk shows)</li> <li>• Malaria training for 30 health providers in Mayguge</li> <li>• Outreach services to over 5,000 Internally Displaced Persons</li> <li>• Provided TA to the Family Planning Association of Uganda (FPAU) and DHT during the Annual Review for improved FP services to IDPs in Lira.</li> <li>• Roll out of Teacher Effectiveness cascade resulting in 25 Master Trainers in Cooperative Learning (CL) for the 6 pilot districts who are able to train others in the use of CL in the classroom</li> <li>• 142 district level Trainers of Trainers have been trained in Cooperative Learning in the 6 pilot districts</li> <li>• 112 school representatives in Arua and Bundibugyo trained and ready to implement school based training</li> </ul>
Improved Positive Behavior Changes Adopted	<ul style="list-style-type: none"> <li>• Reduction of severe childhood malaria referred to health facilities by Drug Distributors in Rakai</li> <li>• 144,615 nets re-treated in 6 Districts</li> <li>• National out strategy for Presidential Initiative on Aids Strategy for Communication to Youth (PIASCY) prepared</li> <li>• Discussions held between UPHOLD, AIR and EDC on possible Behavior Change Communication activities resulting in a draft strategy being developed</li> </ul>

IR 8.2 Increased Capacity to Sustain Social Services	
Improved Decentralized Planning, Management and Monitoring Systems	<ul style="list-style-type: none"> <li>• Statement of Collaboration Meeting for Karamoja to streamline district collaboration and networking among USAID HIV/AIDS partners</li> <li>• HIV Test Logistics training in partnership with MOH, DELIVER and AIM in all 20 UPHOLD districts</li> <li>• Community Based Growth Promotion program in Bugiri now has 14 district trainers in 10 villages, with 5 growth promoters selected, with outreach services strengthened through integration of community based Child Health activities with the monthly outreach services planned by health units.</li> <li>• Dissemination of formative research on SMCs/PTAs and other Community structures during 3-day dialogue meeting held regionally for 8 districts, resulting in each district identifying 5 key quality indicators to monitor school based quality reform</li> <li>• Supported and facilitated a workshop, with 60 participants, on mainstreaming of HIV/AIDS in the Local Government planning cycle, Lira district, resulting in practical resolutions on coordination, resource sharing, community involvement and participation and strategies of implementing in IDP camps.</li> <li>• TOT and support supervision for the ITN re-treatment exercise in 6 districts</li> <li>• TOT for HBMF for Nakapiripirit, Bugiri, Mayuge, Pallisa and Bundibugyo</li> <li>• Training of sub-county TOT to support Growth promotion activities</li> <li>• Technical assistance provided to 8 districts in preparation of the work plan and budget for 2004/05.</li> <li>• 8 RH managers from UPHOLD supported districts were facilitated to attend the RH IBP conference in Entebbe and had the opportunity to learn and share experiences and formulate a plan for improving RH within their districts</li> <li>• Participated in the development of Monitoring and Evaluation Indicators for UPHOLD as well as in designing the questions for the LQAS evaluation.</li> <li>• Support has also been given to the district planning exercise in all 7 districts where YSP is to be introduced this FY, assisting capacities at various levels for districts &amp; regional office staff to plan for social services</li> <li>• Development of M&amp;E indicators for UPHOLD monitoring resulted in a set of critical indicators for measuring district performance/project interventions being defined</li> <li>• The education team was involved in visits to 8 districts to provide technical support in regard to implementation of the UPHOLD local government funded activities, focusing on ensuring funds were being utilized for quality work and on providing support to districts to develop new proposals for funding in the 2004/05 FY</li> </ul>
Increased Private Sector Role in Service Delivery	<ul style="list-style-type: none"> <li>• Over 20 public and private service providers brought together in Mbarara to strengthen activities between public and private sector</li> <li>• Training and monitoring guide for private providers updated to include HIV and key monitoring indicators</li> <li>• Start up of activities with Uganda Private Midwives Association with recruitment of key staff</li> <li>• Priority activities to support Traditional Healers in Bundibugyo agreed upon</li> <li>• The role of Civil Society Organizations Phase I study results disseminated. Data collection in 15 of the 20 districts completed for Phase II</li> <li>• UPHOLD worked with and supported the sensitization of 90 private clinics and drug shop owners on HBMF in Kamuli, Bugiri and Mayuge</li> </ul>
IR 8.3 Strengthened Enabling Environment	

Increased Community Participation	<ul style="list-style-type: none"> <li>• Orientation of district leadership in Kamuli on PMTCT and VCT with 56 participants</li> <li>• Information, support and counseling on HIV/AIDS to Community Based Organizations in Kyenjojo and Bundibugyo</li> <li>• Commencement of NSARWU Community Integrated Nutrition program in Mbarara and Rakai districts</li> <li>• Regional stakeholders' dialogue meetings to discuss quality primary education in 8 districts, and how school-community linkages can be strengthened to promote quality education</li> <li>• At the invitation of UNHCO, UPHOLD attended a workshop to disseminate Citizen's Report Card Methodology. This is a methodology to promote community participation in health care services being piloted in 8 districts in Uganda by UNHCO and Uganda Debt Network. The outcome of which being an understanding of how UPHOLD can utilise work done in overlapping districts (Arua, Bushenyi) to promote community participation in quality of health care</li> </ul>
Effective Implementation of National Policies	<ul style="list-style-type: none"> <li>• Effective partnership with MoH for Child Health</li> <li>• Meetings with MOES working groups to develop indicators for monitoring Teacher Effectiveness; five areas for measurement identified</li> <li>• Education Management Strategy modules developed and approved by MoES working group</li> <li>• HSSP II review at MoES stakeholders meeting</li> <li>• Supported advocacy for and provided TA for Vitamin A supplementation in May 04</li> <li>• Plans made and completed for the trials of improved practices in child health (TIPPS), this will enable UPHOLD to identify the most critical household and community practices that affect child health</li> </ul>
<b>Monitoring and Evaluation</b>	
	<ul style="list-style-type: none"> <li>• The Monitoring and Evaluation unit designed the training form based on the data requirements of the USAID TraiNet software program and designs from other USAID supported programs. The TraiNet (USAID Training program) is up and running with trainings undertaken by UPHOLD extracted retrospectively from 2003</li> <li>• Working with the District Planning Units and UPHOLD Regional Offices, the M&amp;E unit will devise supervision tools and data processing systems to make key measurements.</li> <li>• Continuing CSO study aimed at promoting improved partnership between CSOs and local government shows preliminary findings conducive for the RFA grants.</li> <li>• Evaluation of Partnership Defined Quality (PDQ) methodology demonstrates it has a role in mobilizing the community</li> <li>• Feasibility of Mobil Van System prior to its scaling up, analysis to be completed</li> <li>• Reviewing and setting of new targets for USAID SO8-PMP and setting new targets for RFA</li> </ul>